



QUARTERLY STATEMENT

AS OF MARCH 31, 2006  
OF THE CONDITION AND AFFAIRS OF THE

Neighborhood Health Plan of Rhode Island

NAIC Group Code	0000	0000	NAIC Company Code	95402	Employer's ID Number	05-0477052
	(Current Period)	(Prior Period)				
Organized under the Laws of	Rhode Island			State of Domicile or Port of Entry	Rhode Island	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ]      Property/Casualty [ ]      Dental Service Corporation [ ] Vision Service Corporation [ ]      Other [ ]      Health Maintenance Organization [ X ] Hospital, Medical & Dental Service or Indemnity [ ]      Is HMO, Federally Qualified? Yes [ ] No [ X ]					
Incorporated/Organized	12/09/1993		Commenced Business	12/01/1994		
Statutory Home Office	299 Promenade Street			Providence, RI 02908		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	299 Promenade Street		Providence, RI 02908	401-459-6000		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Mail Address	299 Promenade Street			Providence, RI 02908		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	299 Promenade Street		Providence, RI 02908	401-459-6000		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number)		
Internet Website Address	http://www.nhpri.org/					
Statutory Statement Contact	Richard J. Silva			401-459-6663		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	rsilva@nhpri.org			401-709-7000		
	(E-mail Address)			(FAX Number)		
Policyowner Relations Contact	299 Promenade Street		Providence, RI 02908	401-459-6000		
	(Street and Number)		(City or Town, State and Zip Code)	(Area Code) (Telephone Number) (Extension)		

OFFICERS

Name	Title	Name	Title
Raymond Joseph Lavoie	Chairman	Maria Montanaro	Vice Chairman
Merrill Thomas	Treasurer	Kerrie Jones Clark	Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Maria Montanaro	Michael Vincent Frazier	Merrill Thomas	Dennis Michael Roy
Karen Voci	Peter John Bancroft	Nancy Turnbull	Kerrie Jones Clark
Raymond Joseph Lavoie	William Hochstrasse-Walsh	Jennifer Hosmer MD	Mark E. Reynolds
Charlotte Taylor #			

State of .....Rhode Island.....  
County of .....Providence.....      SS

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Raymond Lavoie Chairman	Merrill Thomas Treasurer	Kerrie Jones Clark Secretary
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Subscribed and sworn to before me this  
15 day of May, 2006

Michelle Tetreault, Controller, Notary Public  
09/13/2009

- a. Is this an original filing?      Yes [ X ] No [ ]
- b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island

ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	20,198,118		20,198,118	20,993,074
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens .....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....26,256,586 ), cash equivalents (\$ .....0 ) and short-term investments (\$ .....10,332,110 ) .....	36,588,696		36,588,696	31,156,829
6. Contract loans, (including \$ .....premium notes)			0	0
7. Other invested assets .....	0	0	0	0
8. Receivables for securities .....			0	0
9. Aggregate write-ins for invested assets .....	59,465	59,465	0	0
10. Subtotals, cash and invested assets (Lines 1 to 9) .....	56,846,279	59,465	56,786,814	52,149,903
11. Title plants less \$ .....charged off (for Title insurers only) .....			0	0
12. Investment income due and accrued .....	327,099		327,099	287,543
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection .....	1,272,340		1,272,340	1,417,733
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....earned but unbilled premiums) .....			0	0
13.3 Accrued retrospective premiums .....			0	0
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers .....	233,265		233,265	219,374
14.2 Funds held by or deposited with reinsured companies .....			0	0
14.3 Other amounts receivable under reinsurance contracts .....			0	0
15. Amounts receivable relating to uninsured plans .....	1,827,801		1,827,801	2,497,770
16.1 Current federal and foreign income tax recoverable and interest thereon .....			0	0
16.2 Net deferred tax asset .....			0	0
17. Guaranty funds receivable or on deposit .....			0	0
18. Electronic data processing equipment and software .....	339,859	253,199	86,660	84,816
19. Furniture and equipment, including health care delivery assets (\$ ..... ) .....	35,810	35,810	0	0
20. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
21. Receivables from parent, subsidiaries and affiliates .....			0	0
22. Health care (\$ ..... ) and other amounts receivable .....	921,715	578,232	343,483	0
23. Aggregate write-ins for other than invested assets .....	386,831	374,529	12,302	48,487
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	62,190,999	1,301,235	60,889,764	56,705,626
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
26. Total (Lines 24 and 25)	62,190,999	1,301,235	60,889,764	56,705,626
<b>DETAILS OF WRITE-INS</b>				
0901. Security Deposits .....	59,465	59,465	0	0
0902. ....				
0903. ....				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998)(Line 9 above)	59,465	59,465	0	0
2301. Other Receivable .....	60,488	54,797	5,691	10,523
2302. Claims deposited with contracted facility .....	6,611		6,611	37,964
2303. Prepaid Expenses .....	273,101	273,101	0	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	46,631	46,631	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	386,831	374,529	12,302	48,487

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded)	16,722,922		16,722,922	16,617,236
2. Accrued medical incentive pool and bonus amounts	1,097,357		1,097,357	274,340
3. Unpaid claims adjustment expenses	625,604		625,604	621,651
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	17,921,392		17,921,392	17,388,810
9. General expenses due or accrued	1,294,201		1,294,201	1,543,684
10.1 Current federal and foreign income tax payable and interest thereon (including \$ ..... on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	0
16. Payable for securities			0	0
17. Funds held under reinsurance treaties with (\$ ..... authorized reinsurers and \$ ..... unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured plans			0	0
21. Aggregate write-ins for other liabilities (including \$ ..... current)	0	0	0	72,138
22. Total liabilities (Lines 1 to 21)	37,661,476	0	37,661,476	36,517,859
23. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
24. Common capital stock	XXX	XXX		0
25. Preferred capital stock	XXX	XXX		0
26. Gross paid in and contributed surplus	XXX	XXX		0
27. Surplus notes	XXX	XXX	1,500,000	1,500,000
28. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
29. Unassigned funds (surplus)	XXX	XXX	21,728,288	18,687,767
30. Less treasury stock, at cost:				
30.1 ..... shares common (value included in Line 24) \$ ..... )	XXX	XXX		0
30.2 ..... shares preferred (value included in Line 25) \$ ..... )	XXX	XXX		0
31. Total capital and surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	23,228,288	20,187,767
32. Total liabilities, capital and surplus (Lines 22 and 31)	XXX	XXX	60,889,764	56,705,626
DETAILS OF WRITE-INS				
2101. Unearned Grant Liability	0		0	72,138
2102. ....				
2103. ....				
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	72,138
2301. ....	XXX	XXX		
2302. ....	XXX	XXX		
2303. ....	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX	0	0
2801. ....	XXX	XXX		
2802. ....	XXX	XXX		
2803. ....	XXX	XXX		
2898. Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX	0	0
2899. Totals (Lines 2801 thru 2803 plus 2898) (Line 28 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	202,496	204,348
2. Net premium income (including \$ ..... non-health premium income).....	XXX	44,678,930	40,206,944
3. Change in unearned premium reserves and reserve for rate credits .....	XXX		0
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX		0
5. Risk revenue .....	XXX		0
6. Aggregate write-ins for other health care related revenues .....	XXX	393,261	462,214
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	45,072,191	40,669,158
<b>Hospital and Medical:</b>			
9. Hospital/medical benefits .....		18,611,455	14,253,041
10. Other professional services .....		8,482,288	7,316,247
11. Outside referrals .....		3,757,640	3,192,230
12. Emergency room and out-of-area .....		3,200,257	2,585,866
13. Prescription drugs .....		5,446,158	5,589,724
14. Aggregate write-ins for other hospital and medical .....	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....		645,425	1,187,537
16. Subtotal (Lines 9 to 15) .....	0	40,143,223	34,124,645
<b>Less:</b>			
17. Net reinsurance recoveries .....		355,101	9,654
18. Total hospital and medical (Lines 16 minus 17) .....	0	39,788,122	34,114,991
19. Non-health claims (net).....			0
20. Claims adjustment expenses, including \$ 803,852 ..... cost containment expenses.....		1,259,561	879,584
21. General administrative expenses.....		1,569,643	2,252,215
22. Increase in reserves for life and accident and health contracts including \$ ..... increase in reserves for life only).....			0
23. Total underwriting deductions (Lines 18 through 22) .....	0	42,617,326	37,246,790
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	2,454,865	3,422,368
25. Net investment income earned .....		326,395	193,736
26. Net realized capital gains (losses) less capital gains tax of \$ .....		45,376	0
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	371,771	193,736
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....13,532 )] .....		(13,532)	(40,353)
29. Aggregate write-ins for other income or expenses .....	0	9,968	31,219
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	2,823,072	3,606,970
31. Federal and foreign income taxes incurred .....	XXX		0
32. Net income (loss) (Lines 30 minus 31) .....	XXX	2,823,072	3,606,970
<b>DETAILS OF WRITE-INS</b>			
0601. Department of Human Services Incentive Income.....	XXX	0	0
0602. Other Program Revenue.....	XXX	149,400	141,975
0603. Grant Revenue.....	XXX	73,146	125,807
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	170,715	194,432
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	393,261	462,214
0701. ....	XXX		
0702. ....	XXX		
0703. ....	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401. ....			
1402. ....			
1403. ....			
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	0	0	0
2901. Miscellaneous income.....		528	17,000
2902. Community Access Program Grant Revenue.....		0	0
2903. Rent Income.....		9,440	14,219
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	9,968	31,219

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year
CAPITAL AND SURPLUS ACCOUNT:			
33. Capital and surplus prior reporting year.....	20,187,767	12,139,686	12,139,686
34. Net income or (loss) from Line 32.....	2,823,072	3,606,970	9,104,628
35. Change in valuation basis of aggregate policy and claim reserves .....		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....		0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....		0	0
38. Change in net deferred income tax .....		0	0
39. Change in nonadmitted assets .....	217,449	(31,612)	(556,547)
40. Change in unauthorized reinsurance .....	0	0	0
41. Change in treasury stock .....		0	0
42. Change in surplus notes .....	0	0	(500,000)
43. Cumulative effect of changes in accounting principles .....		0	0
44. Capital Changes:			
44.1 Paid in .....		0	0
44.2 Transferred from surplus (Stock Dividend) .....		0	0
44.3 Transferred to surplus .....		0	0
45. Surplus adjustments:			
45.1 Paid in .....		0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....		0	0
46. Dividends to stockholders .....		0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	3,040,521	3,575,358	8,048,081
49. Capital and surplus end of reporting period (Line 33 plus 48)	23,228,288	15,715,044	20,187,767
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	45,370,703	171,451,586
2. Net investment income .....	567,988	1,143,412
3. Miscellaneous income .....	393,261	2,518,310
4. Total (Lines 1 to 3) .....	46,331,952	175,113,308
5. Benefits and loss related payments .....	38,873,310	144,676,482
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,158,846	15,772,093
8. Dividends paid to policyholders .....		0
9. Federal and foreign income taxes paid (recovered) \$ ..... net of tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9) .....	41,032,156	160,448,575
11. Net cash from operations (Line 4 minus Line 10) .....	5,299,796	14,664,733
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds .....	1,852,607	1,912,400
12.2 Stocks .....	0	0
12.3 Mortgage loans .....	0	0
12.4 Real estate .....	0	0
12.5 Other invested assets .....	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	34,850	219,485
12.7 Miscellaneous proceeds .....	90,752	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	1,978,209	2,131,885
13. Cost of investments acquired (long-term only):		
13.1 Bonds .....	1,618,246	11,651,813
13.2 Stocks .....	0	0
13.3 Mortgage loans .....	0	0
13.4 Real estate .....	0	0
13.5 Other invested assets .....	0	0
13.6 Miscellaneous applications .....	9,555	561,366
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	1,627,801	12,213,179
14. Net increase (or decrease) in contract loans and premium notes .....	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	350,408	(10,081,294)
<b>Cash from Financing and Miscellaneous Sources</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes .....	0	(500,000)
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds .....	0	(72,139)
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....		0
16.5 Dividends to stockholders .....	0	0
16.6 Other cash provided (applied).....	(218,338)	54,657
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(218,338)	(517,482)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Lines 15 and 17) .....	5,431,866	4,065,957
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	31,156,830	27,090,873
19.2 End of period (Line 18 plus Line 19.1)	36,588,696	31,156,830

STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
<b>Total Members at end of:</b>													
1. Prior Year .....	68,413	0	0	0	0	0	0	0	68,413	0	0	0	0
2 First Quarter .....	67,791								67,791				
3 Second Quarter .....	67,138								67,138				
4 Third Quarter .....	67,567								67,567				
5 Current Year	0												
6 Current Year Member Months	202,496								202,496				
<b>Total Member Ambulatory Encounters for Period:</b>													
7. Physician .....	15,501								15,501				
8. Non-Physician .....	30,151								30,151				
9. Total	45,652	0	0	0	0	0	0	0	45,652	0	0	0	0
10. Hospital Patient Days Incurred	4,246								4,246				
11. Number of Inpatient Admissions	1,415								1,415				
12. Health Premiums Written .....	44,698,930								44,698,930				
13. Life Premiums Direct.....	0												
14. Property/Casualty Premiums Written .....	0												
15. Health Premiums Earned .....	44,698,930								44,698,930				
16. Property/Casualty Premiums Earned .....	0												
17. Amount Paid for Provision of Health Care Services .....	40,499,007								40,499,007				
18. Amount Incurred for Provision of Health Care Services	40,143,223								40,143,223				

STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Women and Infants Hospital.....	214,759	1,377	0	0	(2,297)	213,839
RI Hospital.....	49,965	73,509	(590)	856	(4,024)	119,716
Memorial Hospital.....	101,099	217	0	0	(2,880)	98,436
Kent County Hospital.....	88,607	0	0	0	82	88,689
Landmark Hospital.....	58,600	3,291	(222)	0	(349)	61,320
Miriam Hospital.....	32,248	103	0	254	897	33,502
South County Hospital.....	28,356	0	0	0	(200)	28,156
St Joseph Hospital.....	25,580	0	706	0	(60)	26,226
Roger Williams Hospital.....	26,744	(439)	0	0	(325)	25,980
Womens Primary Care Center.....	24,662	175	0	0	32	24,869
Rheumatology Associates.....	8,834	7,091	3,527	0	0	19,452
Newport Hospital.....	17,992	0	0	0	(1,299)	16,693
Renaissance Medical Group.....	11,685	323	0	0	(49)	11,959
Associates Physicians at BIDMC.....	6,548	3,645	0	0	0	10,193
0199999 Individually Listed Claims Unpaid	695,679	89,292	3,421	1,110	(10,472)	779,030
0299999 Aggregate Accounts Not Individually Listed-Uncovered	124,303	17,162	(580)	(500)	(11,234)	129,151
0399999 Aggregate Accounts Not Individually Listed-Covered						0
0499999 Subtotals	819,982	106,454	2,841	610	(21,706)	908,181
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	15,396,135
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	418,606
0799999 Total Claims Unpaid	XXX	XXX	XXX	XXX	XXX	16,722,922
0899999 Accrued Medical Incentive Pool and Bonus Amounts	XXX	XXX	XXX	XXX	XXX	1,097,357



UNDERWRITING AND INVESTMENT EXHIBIT  
ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental Only .....					.0	.0
4. Vision Only .....					.0	.0
5. Federal Employees Health Benefits Plan .....					.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid .....	15,015,073	23,570,006	1,226,764	15,496,158	16,241,837	16,617,236
8. Other Health .....					.0	.0
9. Health Subtotal (Lines 1 to 8).....	15,015,073	23,570,006	1,226,764	15,496,158	16,241,837	16,617,236
10. Healthcare receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....	274,340	.0	.0	1,097,357	274,340	274,340
13. Totals	15,289,413	23,570,006	1,226,764	16,593,515	16,516,177	16,891,576

(a) Excludes \$ ..... loans and advances to providers not yet expensed.

**NOTES TO FINANCIAL STATEMENTS**

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

PART 1 - COMMON INTERROGATORIES  
GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ☐ ] No [X]
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ☐ ] No [ ☐ ]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ☐ ] No [X]
- 2.2

If yes, date of change: .....

If not previously filed, furnish herewith a certified copy of the instrument as amended.
3.

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [ ☐ ] No [X]

If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

Yes [ ☐ ] No [X]
- 4.2

If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

If yes, attach an explanation.

Yes [ ☐ ] No [X] NA [ ☐ ]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2001
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2001
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

05/15/2003
- 6.4

By what department or departments?

Department of Business Regulation, Insurance Division.....
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?.....

Yes [ ☐ ] No [X]
- 7.2

If yes, give full information:

.....
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?.....

Yes [X] No [ ☐ ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

.....
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?.....

Yes [ ☐ ] No [X]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

GENERAL INTERROGATORIES

FINANCIAL

- 9.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes ☐ No ☒
- 9.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:.....\$ .....

INVESTMENT

- 10.1 Has there been any change in the reporting entity's own preferred or common stock? ..... Yes ☐ No ☒
- 10.2 If yes, explain:  
.....

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes ☐ No ☒
- 11.2 If yes, give full and complete information relating thereto:  
.....

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: .....\$ .....0
13. Amount of real estate and mortgages held in short-term investments: .....\$ .....0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes ☐ No ☒
- 14.2 If yes, please complete the following:

		1	2
		Prior Year-End Book/Adjusted Carrying Value	Current Quarter Statement Value
14.21	Bonds .....	\$ .....	\$ .....
14.22	Preferred Stock .....	\$ .....	\$ .....
14.23	Common Stock .....	\$ .....	\$ .....
14.24	Short-Term Investments .....	\$ .....	\$ .....
14.25	Mortgage Loans on Real Estate .....	\$ .....	\$ .....
14.26	All Other .....	\$ .....	\$ .....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....	\$ .....	\$ .....

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes ☐ No ☒
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes ☐ No ☐  
If no, attach a description with this statement.

16. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes ☒ No ☐

- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Merrill Lynch.....	One Citizens Plaza Suite 1000 Providence, RI 02903.....

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 16.3 Have there been any changes, including name changes in the custodian(s) identified in 16.1 during the current quarter? ..... Yes ☐ No ☒
- 16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
7691.....	Merrill Lynch.....	One citizens Plaza Suite 1000 Providence, RI 02903.....

- 17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? ..... Yes ☒ No ☐
- 17.2 If no, list exceptions:  
.....

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Increase (decrease) by adjustment .....		0
3. Cost of acquired .....		0
4. Cost of additions to and permanent improvements .....		0
5. Total profit (loss) on sales .....		0
6. Increase (decrease) by foreign exchange adjustment .....		0
7. Amount received on sales .....		0
8. Book/adjusted carrying value at end of current period .....	0	0
9. Total valuation allowance .....		0
10. Subtotal (Lines 8 plus 9) .....	0	0
11. Total nonadmitted amounts .....		0
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	0	0

SCHEDULE B – VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year.....	0	0
2. Amount loaned during period:		
2.1. Actual cost at time of acquisitions .....		0
2.2. Additional investment made after acquisitions .....		0
3. Accrual of discount and mortgage interest points and commitment fees .....		0
4. Increase (decrease) by adjustment .....		0
5. Total profit (loss) on sale .....		0
6. Amounts paid on account or in full during the period .....		0
7. Amortization of premium .....		0
8. Increase (decrease) by foreign exchange adjustment .....		0
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	0	0
10. Total valuation allowance .....		0
11. Subtotal (Lines 9 plus 10) .....	0	0
12. Total nonadmitted amounts .....		0
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column)	0	0

SCHEDULE BA – VERIFICATION

Other Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	0	0
2. Cost of acquisitions during period:		
2.1. Actual cost at time of acquisitions .....		0
2.2. Additional investment made after acquisitions .....		0
3. Accrual of discount .....		0
4. Increase (decrease) by adjustment .....		0
5. Total profit (loss) on sale .....		0
6. Amounts paid on account or in full during the period .....		0
7. Amortization of premium .....		0
8. Increase (decrease) by foreign exchange adjustment .....		0
9. Book/adjusted carrying value of long-term invested assets at end of current period .....	0	0
10. Total valuation allowance .....		0
11. Subtotal (Lines 9 plus 10) .....	0	0
12. Total nonadmitted amounts .....		0
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)	0	0

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	20,993,074	11,355,892
2. Cost of bonds and stocks acquired .....	1,122,465	11,651,813
3. Accrual of discount .....		0
4. Increase (decrease) by adjustment .....		0
5. Increase (decrease) by foreign exchange adjustment .....		0
6. Total profit (loss) on disposal .....	(45,376)	(5,076)
7. Consideration for bonds and stocks disposed of .....	1,852,607	1,912,400
8. Amortization of premium .....	19,438	97,156
9. Book/adjusted carrying value, current period .....	20,198,118	20,993,074
10. Total valuation allowance .....		0
11. Subtotal (Lines 9 plus 10) .....	20,198,118	20,993,074
12. Total nonadmitted amounts .....		0
13. Statement value .....	20,198,118	20,993,074

STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 .....	20,993,074	1,618,246	1,852,607	(20,087)	20,738,626	0	0	20,993,074
2. Class 2 .....	0				0	0	0	0
3. Class 3 .....	0				0	0	0	0
4. Class 4 .....	0				0	0	0	0
5. Class 5 .....	0				0	0	0	0
6. Class 6 .....	0				0	0	0	0
7. Total Bonds	20,993,074	1,618,246	1,852,607	(20,087)	20,738,626	0	0	20,993,074
<b>PREFERRED STOCK</b>								
8. Class 1 .....	0				0	0	0	0
9. Class 2 .....	0				0	0	0	0
10. Class 3 .....	0				0	0	0	0
11. Class 4 .....	0				0	0	0	0
12. Class 5 .....	0				0	0	0	0
13. Class 6 .....	0				0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	20,993,074	1,618,246	1,852,607	(20,087)	20,738,626	0	0	20,993,074

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
8299999 Totals	10,332,110	XXX	10,271,954	35,607	19,680

SCHEDULE DA - PART 2- VERIFICATION

Short-Term Investments Owned		
	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	11,599,511	8,190,342
2. Cost of short-term investments acquired .....	4,517,749	16,274,684
3. Increase (decrease) by adjustment .....	34,850	219,485
4. Increase (decrease) by foreign exchange adjustment .....		0
5. Total profit (loss) on disposal of short-term investments .....		0
6. Consideration received on disposal of short-term investments .....	5,820,000	13,085,000
7. Book/adjusted carrying value, current period .....	10,332,110	11,599,511
8. Total valuation allowance .....		0
9. Subtotal (Lines 7 plus 8) .....	10,332,110	11,599,511
10. Total nonadmitted amounts .....		0
11. Statement value (Lines 9 minus 10) .....	10,332,110	11,599,511
12. Income collected during period .....		0
13. Income earned during period .....		0

## SCHEDULE DB - PART F- SECTION 1

[illegible]



SCHEDULE DB - PART F - SECTION 2

	Reconciliation of Replicated (Synthetic) Assets Open									
	First Quarter		Second Quarter		Third Quarter		Fourth Quarter		Year-to-Date	
	1	2	3	4	5	6	7	8	9	10
	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value	Number of Positions	Total Replicated (Synthetic) Assets Statement Value
1. Beginning Inventory .....	0	0	0	0	0	0	0	0	0	0
2. Add: Opened or Acquired Transactions .....									0	0
3. Add: Increases in Replicated Asset Statement Value .....	XXX		XXX		XXX		XXX		XXX	0
4. Less: Closed or Disposed of Transactions .....									0	0
5. Less: Positions Disposed of for Failing Effectiveness Criteria .....									0	0
6. Less: Decreases in Replicated (Synthetic) Asset Statement Value	XXX		XXX		XXX		XXX		XXX	0
7. Ending Inventory	0	0	0	0	0	0	0	0	0	0

**STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island**

## SCHEDULE S—CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

[illegible]

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories									
States, Etc.	1	2	Direct Business Only Year-to-Date						
	Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	3	4	5	6	7	8	
			Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefit Program Premiums	Life and Annuity Premiums and Deposit-Type Contract Funds	Property/Casualty Premiums	
1. Alabama .....	AL								
2. Alaska .....	AK								
3. Arizona .....	AZ								
4. Arkansas .....	AR								
5. California .....	CA								
6. Colorado .....	CO								
7. Connecticut .....	CT								
8. Delaware .....	DE								
9. District of Columbia .....	DC								
10. Florida .....	FL								
11. Georgia .....	GA								
12. Hawaii .....	HI								
13. Idaho .....	ID								
14. Illinois .....	IL								
15. Indiana .....	IN								
16. Iowa .....	IA								
17. Kansas .....	KS								
18. Kentucky .....	KY								
19. Louisiana .....	LA								
20. Maine .....	ME								
21. Maryland .....	MD								
22. Massachusetts .....	MA								
23. Michigan .....	MI								
24. Minnesota .....	MN								
25. Mississippi .....	MS								
26. Missouri .....	MO								
27. Montana .....	MT								
28. Nebraska .....	NE								
29. Nevada .....	NV								
30. New Hampshire .....	NH								
31. New Jersey .....	NJ								
32. New Mexico .....	NM								
33. New York .....	NY								
34. North Carolina .....	NC								
35. North Dakota .....	ND								
36. Ohio .....	OH								
37. Oklahoma .....	OK								
38. Oregon .....	OR								
39. Pennsylvania .....	PA								
40. Rhode Island .....	RI	No			44,678,930				
41. South Carolina .....	SC								
42. South Dakota .....	SD								
43. Tennessee .....	TN								
44. Texas .....	TX								
45. Utah .....	UT								
46. Vermont .....	VT								
47. Virginia .....	VA								
48. Washington .....	WA								
49. West Virginia .....	WV								
50. Wisconsin .....	WI								
51. Wyoming .....	WY								
52. American Samoa .....	AS								
53. Guam .....	GU								
54. Puerto Rico .....	PR								
55. U.S. Virgin Islands .....	VI								
56. Northern Mariana Islands .....	MP								
57. Canada .....	CN								
58. Aggregate Other Alien .....	OT	XXX	0	0	0	0	0	0	0
59. Subtotal .....	XXX	XXX	0	0	44,678,930	0	0	0	0
60. Reporting entity contributions for Employee Benefit Plans .....	XXX	XXX							
61. Total (Direct Business) .....	XXX	(a) 1	0	0	44,678,930	0	0	0	0
DETAILS OF WRITE-INS									
5801. ....									
5802. ....									
5803. ....									
5898. Summary of remaining write-ins for Line 58 from overflow page .....			0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above) .....			0	0	0	0	0	0	0

(a) Insert the number of yes responses except for Canada and other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 23.  
\*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
2304. Contributions Receivable.....	46,631	46,631	0	0
2397. Summary of remaining write-ins for Line 23 from Page 02	46,631	46,631	0	0

MQ004 Additional Aggregate Lines for Page 04 Line 6.  
\*REVEX1

	1	2	3
	Uncovered	Total	Total
0604. Pharmacy Rebates.....	XXX	170,715	194,432
0697. Summary of remaining write-ins for Line 6 from Page 04	XXX	170,715	194,432

## EO1

**Showing All Real Estate ACQUIRED During the Current Quarter**

[illegible]

## EO2

## SCHEDULE B - PART 1

**Showing All Mortgage Loans ACQUIRED During the Current Quarter**

[illegible]

## SCHEDULE B - PART 2

**Showing All Mortgage Loans SOLD, Transferred or Paid in Full During the Current Quarter**

[illegible]

**STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island**

## SCHEDULE BA - PART 1

**Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter**

[illegible]



STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets SOLD, Transferred or Paid in Full During the Current Quarter

1	2	Location		5	6	7	8	9	10	11	12	13	14	15
		3	4											
CUSIP Identification	Name or Description	City	State	Name of Purchaser or Nature of Disposal	Date Originally Acquired	Book/ Adjusted Carrying Value Less Encumbrances, Prior Year	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Book/ Adjusted Carrying Value Less Encum- brances on Disposal	Consideration Received	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Investment Income
3199999 – Total Unaffiliated						0	0	0	0	0	0	0	0	0
3299999 – Total Affiliated						0	0	0	0	0	0	0	0	0
3399999 Totals						0	0	0	0	0	0	0	0	0

STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator <sup>(a)</sup>
3134A4-NW-0.....	FEDERAL HME LN MTG CORP 3/15/07.....		..03/02/2006....	Merrill Lynch.....		..374,790.....	..375,000.....	..8,531.....	..1.....
3133XE-AB-5.....	Federal Home Loan Bank 1/4/10.....		..01/04/2006....	Citizen's Bank.....		..100,000.....	..100,000.....	..0.....	..1.....
3133XE-XK-0.....	Federal Home Loan Banks.....		..03/27/2006....	Citizen's Bank.....		..100,000.....	..100,000.....	..0.....	..1.....
3133XE-Q9-3.....	Federal Home Loan Banks 2/22/10.....		..02/22/2006....	Citizen's Bank.....		..99,875.....	..100,000.....	..0.....	..1.....
3128X4-YF-2.....	Federal Home Loan Mtge 01/28/08.....		..01/30/2006....	Citizen's Bank.....		..100,000.....	..100,000.....	..0.....	..1.....
3134A4-RU-0.....	Federal Home Loan Mtge 11/05/12.....		..01/13/2006....	Merrill Lynch.....		..247,800.....	..250,000.....	..2,625.....	..1.....
31359M-F3-2.....	Federal National Mtge Assn 7/25/08.....		..01/25/2006....	Citizen's Bank.....		..100,000.....	..100,000.....	..0.....	..1.....
0399999 - Total - Bonds - U.S. Government						1,122,465	1,125,000	11,156	XXX
1099999 - Total - Bonds - All Other Government						0	0	0	XXX
1799999 - Total - Bonds - States, Territories and Possessions						0	0	0	XXX
2499999 - Total - Bonds - Political Subdivisions						0	0	0	XXX
3199999 - Total - Bonds - Special Revenue						0	0	0	XXX
3899999 - Total - Bonds - Public Utilities						0	0	0	XXX
4599999 - Total - Bonds - Industrial, Misc.						0	0	0	XXX
4699999 - Total - Bonds - Credit Tenant Loans						0	0	0	XXX
5399999 - Total - Bonds - Parent, Subsidiaries, Affiliates						0	0	0	XXX
6099997 - Total - Bonds - Part 3						1,122,465	1,125,000	11,156	XXX
6099999 - Total - Bonds						1,122,465	1,125,000	11,156	XXX
6199999 - Total - Preferred Stocks - Public Utilities						0	XXX	0	XXX
6299999 - Total - Preferred Stocks - Banks, Trusts, Insurance						0	XXX	0	XXX
6399999 - Total - Preferred Stocks - Industrial, Misc.						0	XXX	0	XXX
6499999 - Total - Preferred Stocks - Parent, Subsidiaries, Affiliates						0	XXX	0	XXX
6599997 - Total - Preferred Stocks - Part 3						0	XXX	0	XXX
6599999 - Total - Preferred Stocks						0	XXX	0	XXX
6699999 - Total - Common Stocks - Public Utilities						0	XXX	0	XXX
6799999 - Total - Common Stocks - Banks, Trusts, Insurance						0	XXX	0	XXX
6899999 - Total - Common Stocks - Industrial, Misc.						0	XXX	0	XXX
6999999 - Total - Common Stocks - Parent, Subsidiaries, Affiliates						0	XXX	0	XXX
7099999 - Total - Common Stocks - Mutual Fund						0	XXX	0	XXX
7199999 - Total - Common Stocks - Money Market Mutual Fund						0	XXX	0	XXX
7299997 - Total - Common Stocks - Part 3						0	XXX	0	XXX
7299999 - Total - Common Stocks						0	XXX	0	XXX
7399999 - Total - Preferred and Common Stocks						0	XXX	0	XXX
7499999 - Totals						1,122,465	XXX	11,156	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....

## SCHEDULE D - PART 4

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B/A. C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B/A. C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Maturity Date	NAIC Designation or Market Indicator (a)
3133MY-WA-9...	FHL BK 01/24/08.....		03/27/2006..	Merrill Lynch.....		243,047	250,000.00	249,750	249,838	0	13	0	13	0	249,851	0	(6,804)	(6,804)	6,185	01/24/2008..	1
3133MY-UF-2...	FHL BK 11/28/08.....		03/27/2006..	Merrill Lynch.....		241,094	250,000.00	248,620	249,004	0	74	0	74	0	249,078	0	(7,984)	(7,984)	3,158	11/28/2008..	1
3136F6-GB-9...	FHL Mtg 10/19/06.....		03/27/2006..	Merrill Lynch.....		247,025	250,000.00	250,000	250,000	0	0	0	0	0	250,000	0	(2,975)	(2,975)	3,390	10/19/2006..	1
3128X0-3N-7...	FHL Mtg Corp 04/01/08.....		03/27/2006..	Merrill Lynch.....		242,200	250,000.00	249,400	249,609	0	48	0	48	0	249,657	0	(7,457)	(7,457)	4,302	04/01/2008..	1
3133X3-A4-5...	Federal Home Loan Bank 10/27/08.....		03/27/2006..	Merrill Lynch.....		485,078	500,000.00	497,210	497,667	0	194	0	194	0	497,862	0	(12,783)	(12,783)	13,389	10/27/2008..	1
0399999 - Bonds - U.S. Governments						1,458,444	1,500,000.00	1,494,980	1,496,118	0	329	0	329	0	1,496,447	0	(38,003)	(38,003)	30,424	XXX	XXX
1099999 - Bonds - All Other Governments						0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
1799999 - Bonds - States, Territories and Possessions						0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
2499999 - Bonds - Political Subdivisions						0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3199999 - Bonds - Special Revenues						0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
3899999 - Bonds - Public Utilities						0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
339030-AG-3...	Fleet Boston Fin'l Corp. ....		03/27/2006..	Merrill Lynch.....		244,163	250,000.00	252,947	251,866	0	(204)	0	(204)	0	251,662	0	(7,499)	(7,499)	6,016	02/15/2008..	1
26054L-CF-8...	NM Dow Chemical 02/15/06.....		02/15/2006..	Matured.....		150,000	150,000.00	150,000	150,000	0	0	0	0	0	150,000	0	0	0	2,588	02/15/2006..	1
4599999 - Bonds - Industrial and Miscellaneous						394,163	400,000.00	402,947	401,866	0	(204)	0	(204)	0	401,662	0	(7,499)	(7,499)	8,603	XXX	XXX
4699999 - Bonds - Credit Tenant Loans						0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
5399999 - Bonds - Parent, Subsidiaries and Affiliates						0	0.00	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6099997 - Bonds - Part 4						1,852,607	1,900,000.00	1,897,927	1,897,983	0	125	0	125	0	1,898,108	0	(45,502)	(45,502)	39,027	XXX	XXX
6099999 - Total - Bonds						1,852,607	1,900,000.00	1,897,927	1,897,983	0	125	0	125	0	1,898,108	0	(45,502)	(45,502)	39,027	XXX	XXX
6199999 - Preferred Stocks - Public Utilities						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
6299999 - Preferred Stocks - Banks, Trust and Insurance Companies						0															

# For

## E06

**Showing all Options, Caps, Floors and Insurance Futures Options Owned at Current Statement Date**

[illegible]

## SCHEDULE DB - PART C - SECTION 1

[illegible][illegible]

E07

**STATEMENT AS OF MARCH 31, 2006 OF THE Neighborhood Health Plan of Rhode Island**

## SCHEDULE E - PART 1 - CASH

[illegible]

## E09

## E09

E09

E09